

MENTAL HEALTH CODE (EXCERPT)
Act 258 of 1974

330.1409 Preadmission screening unit.

Sec. 409. (1) Each community mental health services program must establish 1 or more preadmission screening units with 24-hour availability to provide assessment and screening services for individuals being considered for admission into hospitals, assisted outpatient treatment programs, or crisis services on a voluntary basis. The community mental health services program shall employ mental health professionals or licensed bachelor's social workers licensed under part 185 of the public health code, 1978 PA 368, MCL 333.18501 to 333.18518, to provide the preadmission screening services or contract with another agency that meets the requirements of this section. Preadmission screening unit staff shall be supervised by a registered professional nurse or other mental health professional possessing at least a master's degree.

(2) Each community mental health services program shall provide the address and telephone number of its preadmission screening unit or units to law enforcement agencies, the department, the court, hospital emergency rooms, and private security companies under contract with a county under section 170.

(3) A preadmission screening unit shall assess an individual being considered for admission into a hospital operated by the department or under contract with the community mental health services program. If the individual is clinically suitable for hospitalization, the preadmission screening unit shall authorize voluntary admission to the hospital.

(4) If the preadmission screening unit of the community mental health services program denies hospitalization, the individual or the person making the application may request a second opinion from the executive director. The executive director shall arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist to be performed within 3 days, excluding Sundays and legal holidays, after the executive director receives the request. If the conclusion of the second opinion is different from the conclusion of the preadmission screening unit, the executive director, in conjunction with the medical director, shall make a decision based on all clinical information available. The executive director's decision shall be confirmed in writing to the individual who requested the second opinion, and the confirming document shall include the signatures of the executive director and medical director or verification that the decision was made in conjunction with the medical director. If an individual is assessed and found not to be clinically suitable for hospitalization, the preadmission screening unit shall provide appropriate referral services.

(5) If an individual is assessed and found not to be clinically suitable for hospitalization, the preadmission screening unit shall provide information regarding alternative services and the availability of those services, and make appropriate referrals.

(6) A preadmission screening unit shall assess and examine, or refer to a hospital for examination, an individual who is brought to the preadmission screening unit by a peace officer or security transport officer or ordered by a court to be examined. If the individual meets the requirements for hospitalization, the preadmission screening unit shall designate the hospital to which the individual shall be admitted. The preadmission screening unit shall consult with the individual and, if the individual agrees, the preadmission screening unit must consult with the individual's family member of choice, if available, as to the preferred hospital for admission of the individual.

(7) A preadmission screening unit may operate a crisis stabilization unit under chapter 9A. A preadmission screening unit may provide crisis services to an individual, who by assessment and screening, is found to be a person requiring treatment. Crisis services at a crisis stabilization unit must entail an initial psychosocial assessment by a master's level mental health professional and a psychiatric evaluation within 24 hours to stabilize the individual. In this event, crisis services may be provided for a period of up to 72 hours, after which the individual must be provided with the clinically appropriate level of care, resulting in 1 of the following:

- (a) The individual is no longer a person requiring treatment.
- (b) A referral to outpatient services for aftercare treatment.
- (c) A referral to a partial hospitalization program.
- (d) A referral to a residential treatment center, including crisis residential services.
- (e) A referral to an inpatient bed.

(f) An order for involuntary treatment of the individual has been issued under section 281b, 281c, former 433, or 434.

(8) A preadmission screening unit operating a crisis stabilization unit under chapter 9A may also offer crisis services to an individual who is not a person requiring treatment, but who is seeking crisis services on a voluntary basis.

(9) If the individual chooses a hospital not under contract with a community mental health services program, and the hospital agrees to the admission, the preadmission screening unit shall refer the individual to the hospital that is requested by the individual. Any financial obligation for the services provided by the hospital shall be satisfied from funding sources other than the community mental health services program, the department, or other state or county funding.

History: Add. 1995, Act 290, Eff. Mar. 28, 1996;—Am. 1996, Act 588, Imd. Eff. Jan. 21, 1997;—Am. 2004, Act 555, Imd. Eff. Jan. 3, 2005;—Am. 2006, Act 306, Imd. Eff. July 20, 2006;—Am. 2018, Act 593, Eff. Mar. 28, 2019;—Am. 2020, Act 402, Eff. Mar. 24, 2021;—Am. 2022, Act 146, Eff. (sine die);—Am. 2022, Act 214, Imd. Eff. Oct. 14, 2022.